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ICANotes Behavioral Health EHR Chart Room Chart Face Back <- prev next > Show Notes in List

SOS
610 N. Silver St
Silver City, NM 88061
575-956-6131
575-956-6947
Medicaid ID: YIF905154145
Yazzie, Joshua
ID: 153 DOB: 7/5/1984
Treatment Plan (SOS)

Use Note Creation Time
Clear Time
Set Date/Time
7/27/2023
7:10 AM

Audit Log
Copy contents of the text only into
Copy complete note into
Print
Print Preview

Service Loca

Frequency: once per week **Duration:** 15 minutes **Clinician:** Christina ~~Wolfford~~, LCSW

STATUS:
7/27/2023: The undersigned clinician met with the patient (and family, as appropriate) on the date above in a face to face meeting to work with him/her in developing this Treatment Plan. Fair progress in reaching set goals and resolving this problem seemed apparent today. Recommend continuing the current interventions and short term goals. It is felt that more time is needed for the interventions to work.

BARRIERS
- client expresses feeling mild anxiety symptoms

STRENGTHS
Joshua's strengths include:
Cognitive
- Intellectually bright
- Can make needs known
- Verbal

Signature below indicates that this Treatment Plan has been reviewed and approved:

Date: _____ Clinician: _____ Title: _____

Date: _____ Patient/Client: _____

Date: _____ Parent/Guardian: _____

Date: _____ Other: _____

A copy of this treatment plan was: _____ given to the patient/client/family OR _____ declined by the patient/client/family:

Date: _____ Clinician: _____ Title: _____

Electronically Signed
Our Best Disease, COPD

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spell check find
(Please click in the field and scroll down to see full text of note.)

Capture Signature #1 Signed By: _____
Capture Signature #2 Signed By: _____
Capture Signature #3 Signed By: _____